

CHAPTER 33-07-01.1

HOSPITALS

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33-07-01.1-01. General provisions - Definitions.

1. Institutions covered by medical hospital licensure laws. The following types of

institutions are covered by North Dakota Century Code chapter 23-16 for the purpose of rules and are deemed to come within the provisions of North Dakota Century Code section 23-16-01 which provides for licensure of any institution that maintains and operates organized facilities for the diagnosis, treatment, or care of two or more nonrelated persons suffering from illness, injury, or deformity or where obstetrical or other care is rendered over a period exceeding twenty-four hours:

- a. General acute, primary care, and specialized hospitals, including rehabilitation, ~~and psychiatric,~~ and outpatient birth hospitals.
 - b. Skilled nursing facilities and nursing facilities.
 - c. Outpatient facilities, including surgical centers and trauma centers, excluding physicians' clinics.
 - d. Maternity homes that receive more than one patient in six months.
2. Institutions not covered by medical hospital licensure laws. The following types of institutions that provide some medical or nursing service are deemed not to come within the provisions of North Dakota Century Code chapter 23-16:
- a. Any institutions that are regularly licensed by the social service board of North Dakota, such as homes for unmarried mothers.
 - b. Federal and state institutions. For state institutions, the primary purpose of which is the provision of medical care, the department has the responsibility for inspection on the same basis as those institutions that are covered by North Dakota Century Code chapter 23-16. Upon the findings of such inspections, recommendations will be formulated by the department.
 - c. Chiropractic hospitals licensed under North Dakota Century Code chapter 23-17.
 - d. Homes in which the only persons receiving nursing care are those related to the householder by blood or marriage.
 - e. Homes in which only one person receives care at any one time.
3. An institution shall hold licensure in the same category for which it seeks federal certification.
4. The following terms are defined for purposes of this chapter and North Dakota Century Code chapter 23-16:
- a. "Abuse" includes mental, physical, sexual, and verbal abuse which would result in temporary or permanent mental or physical injury, harm, or ultimately death. Mental abuse includes humiliation,

harassment, threats of punishment, or deprivation. Physical abuse includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment. Sexual abuse includes sexual harassment, sexual coercion, sexual contact, or sexual assault. Verbal abuse includes any use of oral, written, or gestured language that includes disparaging and derogatory terms to patients or their families used within their hearing distance to describe the patients, regardless of their age, ability to comprehend, or disability.

- b. "Acute care" means care for an episode of illness, injury, deformity, or pregnancy which may have a rapid onset or be severe in nature or have a short duration which requires medical treatment and continuous nursing care in a hospital setting.
- c. "Authentication" means identification of the individual who made the medical record entry by that individual in writing, and verification that the contents are what the individual intended.
- d. "Bed capacity" is bed space designed for inpatient care.
 - (1) Areas to be included:
 - (a) Bed space in all nursing units, including:
 - [1] Intensive care or cardiac care units.
 - [2] Minimal or self-care units.
 - (b) Isolation units.
 - (c) Pediatrics units, including:
 - [1] Pediatric bassinets.
 - [2] Incubators located in the pediatrics department.
 - (2) Areas to be excluded:
 - (a) Newborn nurseries in the obstetrical department.
 - (b) Labor and delivery rooms.
 - (c) Recovery rooms.
 - (d) Emergency units.
 - (e) Preparation or anesthesia induction rooms.
 - (f) Rooms designed for diagnostic or treatment procedures.
 - (g) Hospital staff sleeping quarters, including accommodations for oncall staff.
- e. "Department" means the North Dakota state department of health.
- f. "Governing body" means the individual or group in whom the ultimate authority and legal responsibility is vested for the conduct of the institution.

g. "Hospital" means a facility that provides continuous nursing services, the principal activity or business of which is the reception of a person for diagnosis, medical care, and treatment of human illness to meet the needs of the patient served.

(1) "General acute hospital" means a facility with physician services available, permanent facilities that include inpatient beds, and continuous registered nurse staffing on a twenty-four-hour basis for treatment or care for illness, injury, deformity, abnormality, or pregnancy.

(a) In addition to medical staff and nursing services, the hospital shall regularly maintain either directly or through agreement the following services to meet the needs of the patients served:

- [1] Dietary services.
- [2] Medical records services.
- [3] Pharmaceutical services.
- [4] Laboratory services.
- [5] Radiology services.
- [6] Emergency services.
- [7] Social services.
- [8] Basic rehabilitation services.
- [9] Housekeeping and related services including laundry.
- [10] Central services.

(b) Complementary services are optional services which the hospital may provide and include:

- [1] Nuclear medicine services.
- [2] Surgical services.
- [3] Recovery services.
- [4] Anesthesia services.
- [5] Respiratory care services.
- [6] Obstetrical services.
- [7] Specialized rehabilitation services.
- [8] Psychiatric services.
- [9] Outpatient birth services.

(2) "Primary care hospital" means a facility that has available twenty-four-hour licensed health care practitioner and nursing services, provides inpatient care to ill or injured persons prior to their

transportation to a general acute hospital, or provides inpatient care to persons needing acute-type care for a period of no longer than an average of ninety-six hours, excluding persons participating in a federal swing-bed program.

(a) In addition to medical staff and nursing services, the hospital shall regularly maintain either directly or through agreement the following services to meet the needs of the patients served:

- [1] Dietary services.
- [2] Medical records services.
- [3] Pharmaceutical services.
- [4] Laboratory services.
- [5] Radiology services.
- [6] Emergency services.
- [7] Social services.
- [8] Basic rehabilitation services.
- [9] Housekeeping and related services including laundry.
- [10] Central services.

(b) Complementary services are optional: services which the hospital may provide and include:

- [1] Nuclear medicine services.
- [2] Surgical services.
- [3] Recovery services.
- [4] Anesthesia services.
- [5] Respiratory care services.
- [6] Obstetrical services.

(3) "Specialized hospital" means a facility with hospital characteristics which provides medical care for persons with a categorical illness or condition.

(a) In addition to medical staff and nursing services, the hospital shall regularly provide directly or through agreement the following services to meet the needs of the patients served:

- [1] Dietary services.
- [2] Medical records services.
- [3] Pharmaceutical services.
- [4] Laboratory services.

- [5] Radiology services.
 - [6] Emergency services.
 - [7] Social services.
 - [8] Basic rehabilitation services.
 - [9] Housekeeping and related services including laundry.
 - [10] Central services.
- (b) Complementary services are optional services which the hospital may provide and include:
- [1] Nuclear medicine services.
 - [2] Surgical services.
 - [3] Recovery services.
 - [4] Anesthesia services.
 - [5] Respiratory care services.
 - [6] Obstetrical services.
- (c) Hospitals meeting the definition of a specialized hospital shall be licensed as such and may include the following:
- [1] "Psychiatric hospital" means a facility or unit providing psychiatric services to patients with a diagnosis of mental illness. A psychiatric hospital is a hospital licensed to provide only psychiatric services or is a distinct unit providing only psychiatric services located in a general acute hospital. Psychiatric hospitals must provide services consistent with section 33-07-01-36.
 - [2] "Rehabilitation hospital" means a facility or unit providing specialized rehabilitation services to patients for the alleviation or amelioration of the disabling effects of illness or injury. Specialized rehabilitation services are characterized by the coordinated delivery of interdisciplinary care intended to achieve the goals of maximizing the self-sufficiency of the patient. A rehabilitation hospital is a facility licensed to provide only specialized rehabilitation services or is a distinct unit providing only specialized rehabilitation services located in a general acute hospital. A rehabilitation hospital must arrange to provide the services identified in section 33-07-01-35.
 - [3] "Outpatient birth hospital" means a facility, separate from acute obstetric and newborn care, providing outpatient obstetrical, birthing, and neonatal services to patients. Outpatient birth services are organized to provide maternity care in which births are planned to occur in a setting away from the mother's usual

residence following a low risk pregnancy with anticipation of a low risk birth. Low risk pregnancy and birth means a normal, uncomplicated prenatal course as determined by routine prenatal care and prospects for a normal uncomplicated birth as defined by generally accepted criteria of maternal and fetal health. A low risk pregnancy and birth must be full term, singleton, and multipara, with vertex presentation.

- h. "Level I nursery" means a well newborn nursery, consistent with American academy of pediatrics standards, providing a basic level of care to neonates who are low risk.
- i. "Level II nursery" means a special care nursery, consistent with American academy of pediatrics standards, for stable or moderately ill newborn infants who are born at greater than or equal to 32 weeks gestation or who weigh greater than or equal to 1500 grams at birth with problems that are expected to resolve rapidly and who would not be anticipated to need subspecialty-level services on an urgent basis.
- j. "Level III nursery" means a neonatal intensive care unit, consistent with American academy of pediatrics standards, for infants who are born at less than 32 weeks gestation, weigh less than 1500 grams at birth, or have medical or surgical conditions.
- k. "Licensed health care practitioner" means an individual who is licensed or certified to provide medical, medically related, or advanced registered nursing care to individuals in North Dakota.
- l. "Licensee" means an individual, officer, or member of the governing body of a hospital or related institution.
- m. "Medical staff" in general acute and specialized hospitals means a formal organization of physicians (and dentists) and may include other licensed health care practitioners with the delegated authority and responsibility to maintain proper standards of patient care and to plan for continued improvement of that care. Medical staff in primary care hospitals means one or more licensed health care practitioners with the delegated authority and responsibility to maintain proper standards of medical care and to plan for continued improvement of that care.
- n. "Misappropriation of patient property" means the deliberate misplacement, exploitation, or wrongful temporary or permanent taking or use of a patient's belongings or money, or both.
- o. "Neglect" includes one severe incident or a pattern of incidents of willful failure to carry out patient services as directed or ordered by the licensed health care practitioner, willful failure to give proper attention to patients, or failure to carry out patient services through careless oversight.
- p. "Nursing facilities" are the following:

- (1) "Basic care facility" means a facility consistent with North Dakota Century Code chapter 23-09.3 and North Dakota Administrative Code chapter 33-03-24.
 - (2) "Nursing facility" means a facility consistent with North Dakota Century Code chapter 23-16 and North Dakota Administrative Code chapters 33-07-03.1 and 33-07-04.1.
- g. "Outpatient facility" (including ambulatory surgical centers and trauma centers - excluding physicians' clinic) means a facility, located in or apart from a hospital; providing community service for the diagnosis or diagnosis and treatment of ambulatory patients (including ambulatory inpatients) in need of physical or mental care. ~~(see chapter 33-03-04):~~
- (1) Which is operated in connection with a hospital; or
 - (2) Which offers to patients not requiring hospitalization the services of licensed health care practitioners in various medical specialties, and which makes provision for its patients to receive a reasonably full range of diagnostic and treatment services; ~~and~~
 - ~~(3) Which is subject to the requirements of chapter 33-03-04.~~
- h. "Qualified activities coordinator" means a qualified therapeutic recreation specialist who is eligible for registration as a therapeutic recreation specialist by the national therapeutic recreation society (branch of national recreation and park association) under its requirements; is a qualified occupational therapist as defined in North Dakota Century Code chapter 43-40; is certified as an occupational therapist assistant; or has two years of experience in a social or recreational program within the last five years, one year of which was as a full-time employee in a patient activities program in a health care setting; or has completed a training course approved by the department.
- s. "Separate license for building on separate premises" means, in case of a hospital or related institution where two or more buildings are used in the housing of patients, a separate license is required for each building. Separate licenses are required even though the buildings may be operated under the same management.
- t. "Signature" means the name of the individual written by the individual or an otherwise approved identification mechanism used by the individual which may include the approved use of a rubber stamp or an electronic signature.
- u. "Writing" means the use of any tangible medium for entries into the medical record, including ink or electronic or computer coding, unless otherwise specifically required.

History: Effective April 1, 1994; amended effective August 1, 1999; May 1, 2001.

General Authority: NDCC 23-01-03(3), 28-32-02

Law Implemented: NDCC 23-16-06, 31-08-01.2, 31-08-01.3

New section added to 33-07-01.1-34.1 Outpatient birth services in hospitals.

1. General acute hospitals providing outpatient birth services in hospitals are subject to the outpatient birth services requirements for specialized hospitals in this section.
2. Primary care hospitals may not provide outpatient birth services.
3. Any facility that provides outpatient birth services shall comply with this section. A facility may not hold itself out to the public as providing outpatient birth services unless such outpatient birth service has been licensed by the department and meets the requirements for outpatient birth services in this section.
 - a. The facility provides peripartum care of low-risk women for whom prenatal and intrapartum history, physical examination, and laboratory screening procedures have demonstrated normal, uncomplicated singleton term (37 – 41 6/7 weeks), multipara pregnancies with a spontaneous labor, and vertex presentation that are expected to have an uncomplicated birth. The policy and procedures must specify medical and social criterion to determine risk status at admission and during labor.
 - b. Patients who are not considered low risk, patients who experience no cervical dilation in over three hours who are considered in active labor according to the American college of obstetricians and gynecologists standards, and patients who develop a high risk condition based on standards of practice shall be transferred as described in subsection 6.
 - c. Patients shall be fully informed on and provide written consent to the benefits and risks of the services available and alternatives if more advanced services are required.
 - d. Surgical procedures must be limited to those procedures normally encountered during uncomplicated childbirth, such as episiotomy and repair, and must not include operative obstetrics or cesarean section. Circumcisions of newborns are allowed.
 - e. Labor may not be inhibited, stimulated, or augmented with chemical agents during the first or second stage of labor nor may labor be induced by artificial rupture of membranes.
 - f. Vacuum extractors, forceps, and recorded electronic fetal monitors are not appropriate for use after admittance in active labor in outpatient birth services. Patients requiring these interventions shall be transferred as described in subsection 6.
 - g. General and conduction anesthesia may not be administered. Local

anesthesia and pudendal block may be administered if procedures are established and approved by medical staff.

- h. Emergency medications, equipment, and supplies must be available including tocolytics and uterotonic medications. Nothing in the foregoing should be construed to prohibit exercise of medical skills or the use of emergency medications to benefit the mother or the baby in case of emergency. Patients requiring these interventions shall be transferred as described in subsection 6.
 - i. Mothers and infants must be discharged within 26 hours after birth in accordance with standards set by the medical staff and specified in the policies and procedures. A program for prompt follow-up care and postpartum evaluation after discharge must be ensured and outlined in the policies and procedures. This program must include assessment of infant health including physical examination, laboratory screening tests required by state law at the appropriate times, maternal postpartum status, instruction in child care including immunization, referral to sources of pediatric care, provision of family planning services, and assessment of mother-child relationship including breastfeeding.
4. The outpatient birth services shall ensure care is provided by licensed healthcare practitioners and nursing staff with access to and availability of consulting clinical specialists as follows:
- a. Every birth must be attended by at least two health care professionals, licensed or certified consistent with state laws, with relevant experience, training, and demonstrated competence and who have maintained competence in basic life support including fluid resuscitation and a neonatal resuscitation program to respond to patient needs.
 - b. The primary maternity care licensed health care practitioner who attends each birth shall be educated, licensed, and have approved clinical privileges to provide birthing services.
 - c. A licensed health care practitioner with relevant experience, training, and demonstrated competence shall be on call and readily available within a reasonable time of birth for resuscitation if needed.
 - d. A licensed health care practitioner with relevant experience, training, and demonstrated competence shall assess the neonate within 24 hours of delivery.
 - e. There must be adequate numbers of nursing staff who have completed orientation and demonstrated competence in the care of uncomplicated pregnancies with the ability to detect, stabilize, and initiate management of unanticipated maternal-fetal or neonatal problems which occur during the antepartum, intrapartum, or postpartum period until the patient can be discharged or transferred to a facility at which specialty maternal care is available.

5. An appropriately staffed Level I nursery must be available on the premises.
6. There must be criteria and a written agreement for transfer of patients to an acute care hospital capable of providing inpatient obstetrical and neonatal services with a Level II or Level III nursery. The outpatient birth services must be located within 30 minutes of this hospital.
7. There must be provisions in place either directly or by agreement for transport services, obstetric consultation services, pediatric consultation services, and childbirth and parent education support services.
8. The outpatient birth service shall develop and implement policies and procedures to ensure physical security of mothers and newborns.

History: Effective

General Authority: NDCC 23-01-03(3), 28-32-02

Law Implemented: NDCC 23-16-06